

Community Public Health Enrollment Form and WIC Program Application

Section A - Please print. Use full legal names, please do not use nicknames or abbreviations.

1. List members of your household, please list yourself first:

First Name	Initial	Last Name	Sex	Social Security #	Relationship to you (self)	Birthdate	Staff Use Identity Confirmed		
							Document Type	Visual (Not initial cert.)	a.k.a.

2. Mailing Address:

Street or P.O. Box, Apt. Number	Town	State	Zip Code	Town of Residence	Home Phone	Work or Message Phone
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3. Delivery Address/Directions to your home: _____

5. Is anyone pregnant? Yes No If yes, who? _____ Estimated Delivery Date _____
6. Circle if anyone in your household is on Food Stamps, ANFC, Medicaid or Dr Dynasaur? Yes No *If no*, would you like to apply? Yes No
7. If you participate in one of these programs, please bring documentation.
If no one in your household participates in any of these programs please provide proof of household income for previous calendar month.
8. Estimate your household's income (before taxes) \$ _____ per month.
9. Would you like to apply to register to vote or to change your address for voter registration at this visit? Yes No

Staff Use	
DSW Forms given	
Initials	_____
Date	_____
Voter reg done	
Initials	_____
Date	_____

Section B – Acknowledgement of Applicant’s Responsibility for Content of Form

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. This certification form is submitted in connection with the receipt of federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the state agency in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under state and federal law. I understand that it is against the law for one person to be on more than one WIC Program at a time, or to be on both WIC and the Commodity Supplemental Food Program (CSFP) at the same time. I understand that I or my child may be removed from the WIC for not returning my Proof of Delivery form or from CSFP for not picking up CSFP foods for 2 months in a row.

Signed: _____ **Date:** _____

Parent, Guardian or Adult Applicant

You have the opportunity to appeal any decisions made by the local agency regarding your eligibility for the program. The Health Department District Office makes nutrition education and other health services available to all program participants.

WIC is an equal opportunity program. If you believe you have been discriminated against because of race, color, national origin, sex, age or disability, write immediately to the Secretary of Agriculture, Washington, DC, 20250.

VDH-203w (07/02)

Staff Use Only**Section C - CMIS ID# Discovery (from section A)** If yes for any household member enter current name and a.k.a. (also known as).**Current** — First Name Initial Last Name Sex **a.k.a.** - First Name Initial Last Name Sex

a.

b.

Section D - Residency and Income Documentation**Residency** – Method of Residency

Documentation for the household.

Type of Printed Document viewed

Self Declaration

☐ Current Utility or Fuel bill
☐ Driver's License
☐ Lease Rent or Mortgage receipt
☐ Medicaid or Dr Dynasaur card
☐ Other _____

☐ Affidavit - Participant must complete Affidavit (VDH222c) if they cannot provide documentation of identity, residency or income. Attach Affidavit to application.

Income – Identify method of Income Documentation**Adjunctive****Eligibility** ⇨

POS Phone Letter

Dr. Dynasaur _____
 Medicaid _____
 ANFC _____
 Food Stamps _____

Traditional Income Eligibility ⇨

Calculate income for the previous calendar month for all members of the household/economic unit.

Printed Document Provided

☐ Pay stubs
☐ Wage Statement from Employer
☐ Self Employment
☐ Tax records
☐ Unemployment
☐ Workers Compensation
☐ Social Security
☐ Child Support
☐ ANFC
☐ Other

Household size _____ **Total Income per month** _____

WIC eligible ____ **Yes** ____ **No** ____ **Pending** ⇨ Identity, Residency or Income Documentation to be provided by _____ (30 days or less)
 (circle one)

Total Income per month _____ WIC eligible Yes ____ No ____

Signature/Title_____
Date_____
Signature/Title_____
Date